

| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 1691-0221PUS1 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|------------------------------|------|
| Application No. 10/585,991-Conf. #8865 | Filing Date July 13, 2006 | Examiner M. F. Pepitone | Art Unit 1796 | | |
| Applicant(s): Weiping ZENG et al. | | | | | |
| Invention: ADHESIVE FOR DENTAL OR SURGICAL USE AND POLYMERIZATION INITIATOR COMPOSITION FOR THE SAME | | | | | |
| MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 6 | - 20 = | 0 | x 52.00 | 0.00 |
| Independent Claims | 1 | - 3 = | 0 | x 220.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
| #43575 Marc S. Weiner Attorney Reg. No.: 32,181 | | | | Dated: <u>March 16, 2009</u> | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000 | | | | | |